County: Sheboygan SHEBOYGAN RETIREMENT HOME & BEACH HCC 930 NORTH 6TH STREET SHEBOYGAN 53081 Phone: (92 930 NORTH 6TH STREET
SHEBOYGAN 53081 Phone: (920) 458-2137
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 83
Total Licensed Bed Capacity (12/31/00): 84
Number of Residents on 12/31/00: 82 Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? Non-Profit Church Related Skilled Yes Yes Average Daily Census: 82 82 \*\*\*\*

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Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%			
Home Health Care Supp. Home Care-Personal Care Supp. Home Care-Household Services Day Services Respite Care Adult Day Care Adult Day Health Care Congregate Meals Home Delivered Meals Other Meals Transportation	No No No No No No No No No	Primary Diagnosis  Developmental Disabilities Mental Illness (Org./Psy) Mental Illness (Other) Alcohol & Other Drug Abuse Para-, Quadra-, Hemiplegic Cancer Fractures Cardiovascular Cerebrovascular	0. 0 32. 9 7. 3 0. 0 0. 0 2. 4 4. 9 8. 5 12. 2	Age Groups Under 65 65 - 74 75 - 84 85 - 94 95 & Over	2. 4 6. 1 15. 9 58. 5 17. 1 100. 0 97. 6	Less Than 1 Year 1 - 4 Years More Than 4 Years  ***********************************	
Referral Service Other Services	Yes No	Di abetes Respi ratory	8. 5 1. 2	Sex	%	LPNs Nursing Assistants	6. 3
Provide Day Programming for Mentally III Provide Day Programming for Developmentally Disabled	No No	Other Medical Conditions	22. 0  100. 0	Male Female	12. 2 87. 8  100. 0	Aides & Orderlies	47. 4
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## Method of Reimbursement

	Medicare (Title 18)				Medicaid (Title 19)			Other Private			Pay	 [	Managed Care			Percent	
			Per Die	m		Per Die	m		Per Diem			Per Diem		Per Diem Total			Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	3	100.0	\$281.00	45	90.0	\$105.66	0	0.0	\$0.00	29	100.0	\$192.00	0	0.0	\$0.00	77	93. 9%
Intermedi ate				5	10.0	\$86. 93	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	5	6. 1%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj		0.0	<b>\$0. 00</b>	0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0%
Ventilator-Depender	ıt O	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0%
Total		100.0		50	100. 0		0	0.0		29	100.0		0	0.0		82	100.0%

Admissions, Discharges, and Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Deaths During Reporting Period % Needi ng Total Assistance of Percent Admissions from: Activities of % Totally Number of Private Home/No Home Health 1.5 Daily Living (ADL) Independent One Or Two Staff Dependent Resi dents Private Home/With Home Health 2. 9 Baťhi ng 14.6 32.9 52.4 82 Other Nursing Homes 19. 1 Dressi ng 15. 9 30. 5 53.7 82 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Transferring 37.8 26.8 82 **50.0** 35. 4 37.8 82 0.0 Toilet Use 24. 4 37. 8 82 0.0 Eating 64. 6 22.0 13. 4 Other Locations 26. 5 \*\*\*\*\*\* Total Number of Admissions 68 Continence Special Treatments Receiving Respiratory Care
Receiving Tracheostomy Care
Receiving Suctioning
Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 4. 9 2.4 Private Home/No Home Health 3.0 Occ/Freq. Incontinent of Bladder 63.4 0.0 Private Home/With Home Health 7.5 Occ/Freq. Incontinent of Bowel 25.6 0.0 Other Nursing Homes 9. 0 1. 2 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 9.0 Mobility 1. 2 Physically Restrained 2.4 31.7 0.0 0.0 Other Locations 19.4 Skin Care Other Resident Characteristics 3. 7 Deaths 52. 2 With Pressure Sores Have Advance Directives 69.5 Total Number of Discharges With Rashes Medications 4. 9 (Including Deaths) Receiving Psychoactive Drugs 68.3

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

		0wn	ershi p:	Bed	Si ze:	Li ce	ensure:		
	Thi s	Non	profit	50-	- 99	Ski l	led	Al l	
	Facility	Peer Group			Group	Peer Group		Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	97. 6	87.8	1. 11	87. 3	1. 12	84. 1	1. 16	84. 5	1. 15
Current Residents from In-County	89. 0	82. 6	1. 08	80. 3	1. 11	83. 5	1. 07	77. 5	1. 15
Admissions from In-County, Still Residing	36. 8	25. 9	1. 42	21. 1	1.74	22. 9	1.61	21. 5	1.71
Admi ssi ons/Average Daily Census	82. 9	116. 8	0.71	141.8	0. 58	134. 3	0. 62	124. 3	0. 67
Discharges/Average Daily Census	81. 7	117. 3	0. 70	143. 0	0. 57	135. 6	0. 60	126. 1	0.65
Discharges To Private Residence/Average Daily Census	8. 5	43. 9	0. 19	<b>59. 4</b>	0. 14	53. 6	0. 16	49. 9	0. 17
Residents Receiving Skilled Care	93. 9	91. 3	1.03	88. 3	1.06	90. 1	1. 04	83. 3	1. 13
Residents Aged 65 and Older	97. 6	97. 1	1.00	95. 8	1.02	92. 7	1.05	87. 7	1. 11
Title 19 (Medicaid) Funded Residents	61. 0	<b>56</b> . 2	1. 08	57. 8	1.06	63. 5	0. 96	69. 0	0. 88
Private Pay Funded Residents	35. 4	37. 5	0. 94	33. 2	1.06	27. 0	1. 31	22. 6	1.57
Developmentally Disabled Residents	0. 0	0. 6	0.00	0. 7	0.00	1. 3	0.00	7. 6	0.00
Mentally Ill Residents	40. 2	36. 3	1. 11	32. 6	1. 23	37. 3	1. 08	33. 3	1. 21
General Medical Service Residents	22. 0	21. 1	1.04	19. 2	1. 14	19. 2	1. 14	18. 4	1. 19
Impaired ADL (Mean)	53. 4	50.8	1.05	48. 3	1. 11	49. 7	1.07	49. 4	1.08
Psychological Problems	68. 3	50. 0	1. 36	47. 4	1. 44	50. 7	1. 35	50. 1	1. 36
Nursing Care Required (Mean)	5. 6	6. 8	0. 83	6. 1	0. 93	6. 4	0. 88	7. 2	0. 79